

POTENTIAL MAZARDOUS WASTE SITE

IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be as-

N 11/2 3

NY0000 1000

| MOTE: This form is completed for each potential hazardous waste site to help set priorities for | site inspe | ction. Th | e information |
|---|------------|------------|---------------|
| submitted on this form is based on available records and may be updated on subsequent forms as | a result o | f addition | al inquiries |
| and on-site inspections. | | | |
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| | | | |

GENERAL INSTRUCTIONS: Complete Sections I and III through I as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

| I. SITE IDENTIFICATION | | | | | | | | |
|---|---|---|---------------------------------------|-----------|---------------------------|--|--|--|
| A. SITE NAME | | | other identifier) | | | | | |
| Dover Town aung | | Cricket | Hill Rd | | | | | |
| C. CITY DOVET | | D. STATE | E. ZIP CODE 12522 | F. COUN | UTCHESS | | | |
| G. SWNEN/OPERATOR (If known) | | • • • | 1 10 | | | | | |
| 1. NAME Walter Vincent | | | | | | | | |
| H. TYPE OF OWNERSHIP | | | | | | | | |
| | 1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL 4. PRIVATE 6. UNKNOWN | | | | | | | |
| 1. SITE DESCRIPTION Pooled leachate in northwest corner. No known problems. | | | | | | | | |
| J. HOW IDENTIFIED (i.e., citizen's comp | laints, OSHA citations, etc.) | | | | K. DATE IDENTIFIED | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | (mo., day, & yr.) | | | |
| L. PRINCIPAL STATE CONTACT | | | | | | | | |
| 1. NAME | | | | | PHONE NUMBER | | | |
| Jack Doty | NYSDEC | | | 2/2. | - 488-5987 | | | |
| II. | PRELIMINARY ASSESSMEN | T (complete t | his section last) | | | | | |
| A. APPARENT SERIOUSNESS OF PROBL | | | | | | | | |
| | 3. LOW 4. NONE | <u> </u> | INKNOWN | | | | | |
| B. RECOMMENDATION | | • | | | | | | |
| 1. NO ACTION NEEDED (no hazard) | 1. NO ACTION NEEDED (no hazard) 2. IMMEDIATE SITE INSPECTION NEEDED 2. IMMEDIATE SITE INSPECTION NEEDED 2. IMMEDIATE SITE INSPECTION NEEDED 3. TENTATIVELY SCHEDULED FOR: | | | | | | | |
| 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED F | OR: | b. WILL | BE PERFORMED I | DY: | | | | |
| b. WILL BE PERFORMED BY: | | A SITE I | NSPECTION NEEDS | D Clow pe | iority) | | | |
| | | | | | | | | |
| C. PREPARER INFORMATION | | | | | | | | |
| 1. NAME | | 2. TELE | PHONE NUMBER | | 3. DATE (mo., day, & yr.) | | | |
| Carole Petersen | EPA | 212- | -264-1576 | | 9/3/8/ | | | |
| | III. SITE IN | FORMATION | | | | | | |
| A. SITE STATUS | / | TORMATION | | | <u> </u> | | | |
| 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) 42. INACTIVE (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.) | | | | | | | | |
| | · | | | | | | | |
| B. IS GENERATOR ON SITE? | | | | | | | | |
| 1. NO 2. YES (specify generator's four-digit SIC Code): | | | | | | | | |
| C. AREA OF SITE (In acres) D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES | | | | | | | | |
| 3-5 | 1. LATITUDE (deg.—min.—aec | •) . | 2. LONGITU | DE (deg | min.—sec.) | | | |
| E. ARE THERE BUILDINGS ON THE SIT | E? | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 1. NO 2. YES (epecity) |): | | | | | | | |
| | | | | | | | | |

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| Col | ntinued From Front | | | | | | | | ··· | | | | | | |
|---|-----------------------------|----------|----------|----------|-----------|------------|------------------------------|-----------|-------------------------|----------|---------------------|---------|--------------------|------------|----------------------------|
| | | | | | ĪV | <u>. c</u> | HARACTERIZAT | NOI | OF SITE ACTIVIT | Y | | | | - 7: | |
| Inc | licate the major site | 9 80 | tivity(| es) an | nd deta | ils | relating to each a | cti | vity by marking 'II' i | n ti | se app | rop | iate boxes | ۴. | |
| ·x· | A. TRANSPOR | TEF | ₹ . | X. | = | 3. S | STORER | × | C. TREATE | R | | ×. % | D | . 0 | ISPOSER |
| | 1. RAIL | | | 1. | PILE | | | | 1. FILTRATION | | | M | 1. LANDFII | _ L | |
| | 2. SHIP | | | 2. 9 | SURFA | CE | IMPOUNDMENT | \square | 2. INCINERATION | | | | 2. LANDFA | RM | |
| Ш | 8. BARGE | | , , | 8. 0 | DRUMS | | | Ц | 3. VOLUME REDUCT | ON | | | . OPEN D | JMI | • |
| | 4. TRUCK | | | 4. 1 | TANK, | A B | OVE GROUND | | 4. RECYCLING/RECO | VE | RY | | 4. SURFAC | E 1 | MPOUNDMENT |
| Ш | 5. PIPELINE | | | 5. 1 | TANK, | BE | LOW GROUND | | 8. CHEM./PHYS. TRE | AT | MENT | | 8. MIDNIGH | 7 (| DUMPING |
| Щ | 6. OTHER (specify): | | | ∐•. ¢ | OTHER | (= | pecify): | Ц | 6. BIOLOGICAL TREA | TM | ENT | Щ | 6. INCINER | AT | ION |
| | | | ! | | | | | \Box | 7. WASTE OIL REPRO | CE | 851NG | Щ | 7. UNDERG | RO | UND INJECTION |
| | | | | | | | | _ | 8. SOLVENT RECOVE | RY | | لبا | . OTHER (| ope | olfy): |
| ļ | | | | İ | | | | | 9. OTHER (apocify): | | | | | | |
| | | | | | | | | | | | | | | | |
| E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED | | | | | | | | | | | | | | | |
| | operated from 1970-1925. | | | | | | | | | | | | | | |
| | | | | | | | V. WASTE RELAT | ED | INFORMATION | | | | | | |
| A. WASTE TYPE A. WASTE TYPE | | | | | | | | | | | | | | | |
| , , | PASTE CHARACTER | | | | | | | | | | | | | | |
| | | | | SIVE | Гз. | IG | NITABLE 14. | RAE | NOACTIVE TS. H | İĞH | ILY VO |)LA | TILE | | |
| 12 | 6. TOXIC | _]7. | REACT | IVE | | IN | ERT 9. | FL# | MMABLE | - | | | | | |
| 1. UNKNOWN 2. CORROSIVE 3. IGNITABLE 4. RADIOACTIVE 5. HIGHLY VOLATILE 6. TOXIC 7. REACTIVE 8. INERT 9. FLAMMABLE | | | | | | | | | | | | | | | |
| C. WASTE CATEGORIES | | | | | | | | | | | | | | | |
| 1 | . Are records of waste | 08 B | vailable | ? Spec | cify iter | ns | such as manifests, i | nve | ntories, etc. below. | | | | | | |
| | | | | | | | | | | | | | | | |
| 2 | 2. Estimate the amou | unt | (specif | y unit (| of mea | 811 | re)of waste by cat | ego | ry; mark 'X' to indic | ate | which | h We | stes are p | 168 | ent. |
| | a, SLUDGE | | | OIL | | | e. SOLVENTS | Ť | d. CHEMICALS | Т | | SOL | | | f. OTHER |
| AM | OUNT | АМ | OUNT | | | AM | IOUNT | A | AMOUNT UNKNOWN | | | | | | OUNT |
| L | | | · | | | | | | 58.04 | L | | | | ب | nknown |
| UN | NIT OF MEASURE | UŅ | IT OF W | EASUR | RE | UN | IT OF MEASURE | U | UNIT OF MEASURE | | IT OF | ME | ASURE | UN | IT OF MEASURE |
| | | | | | | | | L | ngs | | | | | L | |
| χ' | (1) PAINT, PIGMENTS | 'X' | (1) OIL | | - | X' | (1) HALOGENATED SOLVENTS | P | (1) A CIDS | 'X' | (1) PL | YAS | н | ·χ. | (1) LABORATORY PHARMACEUT. |
| П | (2) METALS SLUDGES | | (2) OTH | ER(ape | ecify): | | (2) NON-HALOGNTS SOLVENTS | , | (2) PICKLING LIQUORS | Г | (2) AS | BES | TOS | | (2) HOSPITAL |
| H | (8) POTW | | • | | ŀ | | (3) OTHER(specify) | # | (s) CAUSTICS | T | (3) MI | | | _ | (3) RADIOACTIVE |
| \vdash | (4) A LUMINUM | | | | | | | \vdash | | ╂ | | | TAILINGS | _ | |
| L | SLUDGE | | | | | | | F | (4) PESTICIDES | Ļ | (4) SM | LTG | OUS NASTES | | (4) MUNICIPAL |
| Н | (8) OTHER(<i>epecify):</i> | | | | | | | L | (8) DYES/INKS | | | | ERROUS . WASTES | | (8) OTHER (specify): |
| | | | | | | | | | (6) CYANIDE | \vdash | [⁽⁶⁾ OT | HEF | R(specify): | | ; |
| | | | | | 1 | | | | (7) PHENOLS | | | | · | | |
| | | | | | | | | | (6) HALOSENS | 1 | | | | | |
| | | | | | | | | | (9) PC B | | | | | | |
| | | | | | | | | ļ. | | 1 | | | | | |
| | | | | | | | | | (10) METALE (1800) | ſ | | | | | į |
| | | | | | | | | - | (11)OTHER(opeolfy) | | | | | | |
| | | | | | | | 1 , | | | | | | | | |

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V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in deacending order of hazard).

MUNICIPAL WASTES NO EVIDENCE of MAZARDUS SUBSTANCE.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

SITE 15 remote. Has good regetative cover. No homes or wells within by mile.

Striam northeast of site 15 clear

| | | VI. MAZ | ARD DESCRIPTI | ON |
|--|----------------------------------|---|---|--|
| A. TYPE OF HAZARD | B. POTEN- TIAL HAZARD (mark 'X') | C. ALLEGED INCIDENT (mark 'X') | D. DATE OF INCIDENT (mo.,day,yr.) | E. REMARKS |
| , NO HAZARD | 3/ | | | 1500 1500 1500 |
| . HUMAN HEALTH | | | | |
| NON-WORKER BAUROSURE | | | | |
| . WORKER INJURY | , | | | |
| OF WATER SUPPLY | | | | |
| CONTAMINATION OF FOOD CHAIN | | | | |
| OF GROUND WATER | | | | |
| CONTAMINATION OF SURFACE WATER | | | | |
| DAMAGE TO FLORA/FAUNA | | | | |
| IO. FISH KILL | | | | |
| II. CONTAMINATION | | | | |
| 12. NOTICEABLE ODORS | | | | |
| IS. CONTAMINATION OF SOIL | | | | |
| 14. PROPERTY DAMAGE | | | i | |
| IS. FIRE OR EXPLOSION | | | | |
| 6. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS | | | 2/3/80 | sampling results - 1191 mg/2 |
| 17 SEWER, STORM DRAIN PROBLEMS | | | | V |
| IS. EROSION PROBLEMS | | | | Notes that the second s |
| 19. INADEQUATE SECURITY | | | | |
| 20. INCOMPATIBLE WASTES | | | 1 | |
| 21. MIDNIGHT DUMPING | | | | |
| 2 2. OTHER (apecify): | | | | |
| / | | | | |

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|--|--|--|--------------------|--|--|--|--|--|--|
| | | VII. PERMIT INFO | RMATION | | | | | | |
| A. INDICATE ALL APPLI | A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. | | | | | | | | |
| 1. NPDES PERMIT | 2. SPCC PLAN | 3. STATE PERMIT | | | | | | | |
| 4. AIR PERMITS | 4. AIR PERMITS 5. LOCAL PERMIT 6. RCRA TRANSPORTER | | | | | | | | |
| 7. RCRA STORER | 5. RCRA TREATER | R 🔲 9. RCRA DISPOSEI | ₹ | | | | | | |
| | : UNKNAWA | <u>)</u> | | | | | | | |
| B. IN COMPLIANCE? | ☐ 2. NO | 📜 3. UNKNOWN | | | | | | | |
| 1. 123 | | <u> </u> | | | | | | | |
| 4. WITH RESPECT T | O (list regulation name & | | | | | | | | |
| | | VIII, PAST REGULATO | RY ACTIONS | | | | | | |
| A. NONE | B. YES (summerise | • below) | | | | | | | |
| | | | | • | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| IX. INSPECTION ACTIVITY (past or on-going) | | | | | | | | | |
| A. NONE B. YES (complete items 1,2,3, & 4 below) | | | | | | | | | |
| 1. TYPE OF ACTIV | 2. DATE PAST AC (mo., day, | TION BY: & yr.) (BPA/State) | | 4. DESCRIPTION | | | | | |
| inspec | 170m 11/2/9 | 9 Local Health | | | | | | | |
| inspec- | 1/3/12 | 80 DCHD | 1191 M9/L | found | | | | | |
| | | | | | | | | | |
| | | . REMEDIAL ACTIVITY | (neet or on-Animé) | | | | | | |
| | | WENTENNE NOTTO | (past at an game) | | | | | | |
| A. NONE | B. YES (complete i | ltems 1, 2, 3, & 4 below) | | | | | | | |
| 1. TYPE OF ACTI | 2. DATE PAST AC (mo, day, | TION BY: | | 4. DESCRIPTION | | | | | |
| · | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form. | | | | | | | | | |

EPA Form T2070-2 (10-79)

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POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT

| I. IDENTIFICATION | | | | | | |
|-------------------|----------------|--|--|--|--|--|
| 01 STATE | 02 SITE NUMBER | | | | | |
| D Y | 02 SITE NUMBER | | | | | |

| PART 1 - SITE INFORMATION AND ASSESSMENT | | | | | | |
|--|---------------------------------------|---------------------------------------|---|--|--|--|
| II. SITE NAME AND LOCATION | | · · · · · · · · · · · · · · · · · · · | | | | |
| O1 SITE NAME (Legal, common, or descriptive name of site) | | | CIFIC LOCATION IDENTIFIER | · | | |
| Dover Town Dump | Circ | sket t | 1:11+0 | | | |
| Dover | | 05 ZIP CODE 06 C | ounty Dutchess | 07 COUNTY 08 CONG CODE DIST O2 7 | | |
| 09 COORDINATES LATITUDE LONGITUDE | | | | | | |
| 10 DIRECTIONS TO SITE (Starting from nearest public road) | | | | | | |
| | | | | | | |
| III. RESPONSIBLE PARTIES | ····· | | | | | |
| 01 OWNER (# known) | 02 STREE | T (βusiness, malling, reside | ntial) | | | |
| Waltervincent | 1 | | • | | | |
| 03 CITY | 04 STATE | 05 ZIP CODE | 06 TELEPHONE NUMBER | | | |
| | | | () | | | |
| 07 OPERATOR (# known and different from owner) | 08 STREE | (Business, mailing, reside | ntial) | | | |
| 09 СТҮ | 10 STATE | 11 ZIP CODE | 12 TELEPHONE NUMBER | T | | |
| | | | () | | | |
| 13 TYPE OF OWNERSHIP (Check one) A. PRIVATE B. FEDERAL: | <u> </u> | 5.0.07.75 | | | | |
| (Agency name) | | _ C. STATE | D.COUNTY DE.ML | NICIPAL | | |
| ☐ F. OTHER:(Specify) | | G. UNKNOW | <u>, , , , , , , , , , , , , , , , , , , </u> | | | |
| 14 OWNER/OPERATOR NOTIFICATION ON FILE (Check of that apply) | | | | | | |
| □ A. RCRA 3001 DATE RECEIVED: / / □ B. UNCONTROLL | LEDWAST | E SITE (CERCLA 103 c) | DATE RECEIVED: MONTH D | AY YEAR C. NONE | | |
| IV. CHARACTERIZATION OF POTENTIAL HAZARD 01 ON SITE INSPECTION BY (Check all that apply) | · · · · · · · · · · · · · · · · · · · | | ···· | | | |
| | A CONTRA | CTOR C.S | STATE D. OTHER | CONTRACTOR | | |
| CONTRACTOR NAME(S): _ | | | Inhanali | | | |
| 02 SITE STATUS (Check one) □ A. ACTIVE □ B. INACTIVE □ C. UNKNOWN | ATION 7 | 0 197. | C DIALIACIA | N | | |
| 04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED | | | | | | |
| 3-5acres; Only mynicipal was | ten 1 | received | e. no evide | ince of | | |
| 3-5 acres; Only municipal was | • | |) | | | |
| 166 50 60 100 100 100 100 100 100 100 100 100 | | | | | | |
| 05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION | | | | | | |
| Dooled leachate | 10 | , worky | west conn | プル・ | | |
| No known problems at this time. | | | | | | |
| V. PRIORITY ASSESSMENT | | | | | | |
| 01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste information and Part 3 - Description of Hazardous Conditions and Incidents) | | | | | | |
| ☐ A. HIGH ☐ B. MEDIUM ☐ C. LOW (Inspection required promptly) (Inspection required) (Inspect on time | evallable basis | D. NONE (No further a | ction meeded, complete current dispos | ition form) | | |
| VI. INFORMATION AVAILABLE FROM | | | | 7. | | |
| 01 CONTACT 02 OF (Agency/Organiza | ration) | | | 03 TELEPHONE NUMBER | | |
| Jack Both Nys | DE | | | 1214188-5987 | | |
| 04 PERSON RESPONSIBLE FOR ASSESSMENT 05 AGENCY | 06 ORGA | | 07 TELEPHONE NUMBER | 08 DATE 3 . 8/ | | |
| Carole feterson EPA | 1 416 | $\omega \nu$ | (as) d69-096 | MONTH DAY YEAR | | |

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POTENTIAL HAZARDOUS WASTE SITE

| I. IDENTIFICATION | | | | | | |
|-----------------------|----------------|--|--|--|--|--|
| O1 STATE | 02 SITE NUMBER | | | | | |

| | | | | ASSESSMENT EINFORMATION | | 01 STATE 02 SITE N | JMBER | | |
|--|---|---|---|---|-----------------------------|--------------------------|--------------------------------|--|--|
| II. WASTE ST | ATES, QUANTITIES, AN | D CHARACTERI | STICS | | | | | | |
| | TATES (Check all that apply) | 02 WASTE QUANTI | TY AT SITE | 03 WASTE CHARACTE | ERISTICS (Check all that ap | ipiyi | | | |
| ☐ A. SOLID ☐ B. POWDER ☐ C. SLUDGE | | must be a | l waste quantilies independent) | ☐ A. TOXIC ☐ E. SOLUE ☐ B. CORROSIVE ☐ F. INFEC ☐ C. RADIOACTIVE ☐ G. FLAMM ☐ D. PERSISTENT ☐ H. IGNITA | | TIOUS . J. EXPLOSI | VE /E ATIBLE | | |
| D. OTHER | (Specify) | NO. OF DRUMS _ | | 1 | | U #1. 1101 74 . | TOORBLE | | |
| III. WASTE T | YPE | <u> </u> | | <u></u> | | | | | |
| CATEGORY | SUBSTANCE N | AME | 01 GROSS AMOUNT | 02 UNIT OF MEASURE | 03 COMMÉNTS | | | | |
| SLU | SLUDGE | | | | | | | | |
| OLW | OILY WASTE | | | | | | | | |
| SOL | SOLVENTS | | | | | | | | |
| PSD | PESTICIDES | | | | | | | | |
| occ | OTHER ORGANIC CH | HEMICALS | | | | | | | |
| IOC | INORGANIC CHEMIC | ALS | | | | | | | |
| ACD | ACIDS | | | | | | | | |
| BAS | BASES | | | | | | | | |
| MES | HEAVY METALS | | | | | | | | |
| IV. HAZARDO | IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers) | | | | | | | | |
| 01 CATEGORY | 02 SUBSTANCE N | AME | 03 CAS NUMBER | 04 STORAGE/DISI | POSAL METHOD | 05 CONCENTRATION | 06 MEASURE OF CONCENTRATION | | |
| MES | TIME | | , | _ | | 1191 | mg/L | | |
| | | | <u> </u> | | | <u> </u> | | | |
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| | | | - | | | } | | | |
| V. FEEDSTO | ICKS (See Appendix for CAS Numb | ers) | | - | | <u> </u> | | | |
| CATEGORY | 01 FEEDSTOC | K NAME | 02 CAS NUMBER | CATEGORY | 01 FEEDSTO | OCK NAME | 02 CAS NUMBER | | |
| FDS | | | | FDS | | | | | |
| FDS | | | | FDS | | | | | |
| FDS | | | | FDS | | | | | |
| FDS | | *************************************** | † | FDS | | | | | |
| VI. SOURCE | S OF INFORMATION (CA) | specific references, e.g. | , state files, sample analysis | , reports) | | | | | |
| | | | | | | | | | |
| | • | Samp | oling and | nalysis, . (pooleo | of Jan 2 leache | n 31, 1980 202): Stal | reiles. | | |

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POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT

| LI. IDENTIFICATION | | | | | | | | |
|--------------------|---------|--------|--|--|--|--|--|--|
| 01 STATE | 02 SITE | NUMBER | | | | | | |

| PART 3 - DESCRIPTION OF | HAZARDOUS CONDITIONS AND I | NCIDENT | rs 1/// | |
|--|---|---------|---------------|-------------|
| II: HAZARDOUS CONDITIONS AND INCIDENTS | | | | |
| 01 A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: | 02 ☐ OBSERVED (DATE: 04 NARRATIVE DESCRIPTION |) | ☐ POTENTIAL | □ ALLEGED |
| • | | | | |
| 01 B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: | 02 □ OBSERVED (DATE: 04 NARRATIVE DESCRIPTION |) | □ POTENTIAL | □ ALLEGED |
| 01 D. C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED: | 02 □ OBSERVED (DATE: 04 NARRATIVE DESCRIPTION |) | □ POTENTIAL . | □ ALLEGED |
| 01 D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED: | 02 □ OBSERVED (DATE: 04 NARRATIVE DESCRIPTION ; |) | □ POTENTIAL | □ ALLEGED |
| 01 □ E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED: | 02 OBSERVED (DATE: 04 NARRATIVE DESCRIPTION | , | □ POTENTIAL | □ ALLEGED |
| 01 ☐ F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED: | 02 OBSERVED (DATE: |) | ☐ POTENTIAL | □ ALLEGED |
| 01 G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: | 02 OBSERVED (DATE: |) | ☐ POTENTIAL | □ ALLEGED |
| 01 □ H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED: | 02 D OBSERVED (DATE: | } | □ POTENTIAL | □ ALLEGED |
| 01 □ I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED: | 02 DBSERVED (DATE:04 NARRATIVE DESCRIPTION |) | □ POTENTIAL | D ALLEGED |

| | &EP/ | |
|---|-----------|---|
| ľ | HAZADDONS | ~ |

POTENTIAL HAZARDOUS WASTE SITE

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|----|-------|----|------|------|---|
| 01 | STATE | 02 | SITE | NUMB | R |

| V/6/8-4 B V | ANY ASSESSMENT ZARDOUS CONDITIONS AND INCIDENTS | 01 81A E 102 81 | E NUMBER |
|--|--|-----------------|-----------|
| II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued) | | | |
| 01 ☐ J. DAMAGE TO FLORA 04 NARRATIVE DESCRIPTION | 02 D OBSERVED (DATE:) | ☐ POTENTIAL | □ ALLEGED |
| • | · | | |
| 01. ☐ K. DAMAGE TO FAUNA 04 NARRATIVE DESCRIPTION (Include name(s) of species) | 02 🗆 OBSERVED (DATE:) | □ POTENTIAL | ALLEGED |
| · | | | |
| 01 D L. CONTAMINATION OF FOOD CHAIN 04 NARRATIVE DESCRIPTION | 02 D OBSERVED (DATE:) | ☐ POTENTIAL | □ ALLEGED |
| | | | |
| 01 M. UNSTABLE CONTAINMENT OF WASTES (Spills/unoft/standing liquids/leaking drums) | , | ☐ POTENŢIAL | ☐ ALLEGED |
| 03 POPULATION POTENTIALLY AFFECTED: | 04 NARRATIVE DESCRIPTION | | |
| 01 □ N. DAMAGE TO OFFSITE PROPERTY 04 NARRATIVE DESCRIPTION | 02 OBSERVED (DATE:) | □ POTENTIAL | □ ALLEGED |
| | | o e 🐞 pe | |
| 01 🖸 O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 04 NARRATIVE DESCRIPTION | 02 DOBSERVED (DATE:) | □ POTENTIAL | ☐ ALLEGED |
| 01 [] P. ILLEGAL/UNAUTHORIZED DUMPING 04 NARRATIVE DESCRIPTION | 02 OBSERVED (DATE:) | □ POTENTIAL | □ ALLEGED |
| 05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEG | FD HAZARDS | | |
| | | | |
| III. TOTAL POPULATION POTENTIALLY AFFECTED: | | | |
| IV. COMMENTS | | | |
| Site is mote, up hands of site is elearo | has gupa vegete | stream | northeast |
| V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sa | | | |
| state liles | | | |
| | | | |



POTENCEL HAZARDOUS WASTE SITE FINAL STRATEGY DETERMINATION

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REGION SITE NUMBER

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NY 000010202

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460. I. SITE IDENTIFICATION B. STREET A. SITE NAME Cricket Hill Road Dover Town Dump E. ZIP CODE D. STATE C. CITY 12522 NY Dover II. FINAL DETERMINATION Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes. ACTION AGENCY RECOMMENDATION MARK'X' PRIVATE STATE LOCAL A. NO ACTION NEEDED B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yez, complete Section III.). C. REMEDIAL ACTION (If yes, complete Section IV.) D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primerily managed by the EPA or the State and what type of enforcement action is enticipated.) E. RATIONALE FOR FINAL STRATEGY DETERMINATION The site accepted only municipal wastes; no hazardous waste was received. Contamination of homes and wells is unlikely because the site is remote (no homes nor wells within 1/4 mile), and because the site has good vegetative cover. F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY | G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yt.) THE DATE PREPARED (mos, day, & yrs). H. PREPARER INFORMATION 8. DATE (mo., day, & ys.) 2. TELEPHONE NUMBER 1. NAME 11/19/81 264-1573 Carol Stein III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy. C. REMARKS B. ESTIMATED COST A. REMEDIAL ACTION \$ \$ \$ S \$ \$ \$ \$ \$ D. TOTAL ESTIMATED COST

| Continued From From | ************************************** | īv | REMEDIAL ACTIO | NS. | |
|---|--|--------------------------|--|---------------------------|--|
| | | | | amazzan astisa | or planned to bring the site under |
| A. SHORT TERM/EMERGENC' immediate control, e.g., resi the actions to be used in the | trict access, p | rovide alter | mate water supply, | etc. See instructions for | or a list of Key Words for each of |
| 1. ACTION | | 3. ACTION END DATE | 4. ACTION AGENCY (EPA, State, Private Party) | 5. COST | 6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED. |
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| | | | | \$ - | |
| B I ONG TERM STRATEGY | On Site and O | (f-Site): Li | st all long term so | Intions, e.g., excavation | , removal, ground water monitoring pages below. |
| B. LONG TERM STRATEGY (weils, etc. See instruction | s for a list of | Key Words | for each of the act | ions to be used in the s | aces below. |
| 1. ACTION | 2. ACTION START DATE | 3. ACTION END DATE | A. ACTION AGENCY (EPA, Siete | į. | 6. SPECIFY 311 OR OTHER ACTION INDICATE THE MAGNITUDE OF THE WORK REQUIRED. |
| | (mo, day, & yr) | (mo, day, wy | 7 7 7 7 4 7 4 7 4 7 7 7 | s | · |
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| C. MANHOURS AND COST E | Y ACTION AG | ENCY | | 2. TOTAL MAN- | T |
| 1. | ACTION AGENC | Y | | HOURS FOR | 3. TOTAL COST FOR REMEDIAL ACTIVITIES |
| e. EPA | | | | | \$ |
| b. STATE | | | | | \$ |
| c. PRIVATE PARTIES | | | | | s |
| d. OTHER (specify): | | | | | s |

Continued From Front

EPA Form T2070-5 (10-79) REVERSE

| | TOTAL MATADONIC WAS | TE-CITE - | | REG | ION SITE N | UMBER | |
|---|--|--|-------------|-------------|-------------------------|-----------|--------------------|
| SEPA | POTENTIAL HAZARDOUS WAS TENTATIVE DISPOSITI | | · [1] | | | | |
| | Hazardous Waste Log File and submit a orcement Task Force (EN-335); 401 M | 50, 50, | S. Environi | 20460. | tection Age | mc), one | |
| | I. SITE IDENTI | FICATION | | | | | |
| . SITE NAME | | B. STREET | t Hill_ |) and | | | |
| Dover Town Dump | | D. STATE | C IIIII. | Wau | E. ZIP CO | DE | |
| Dover | | NY | 12522 | | | | |
| | II. TENTATIVE I | DISPOSITION | | <u> </u> | | | |
| ndicate the recommended act | ion(s) and agency(les) that should be i | nvolved by m | arking 'X' | in the appi | opriate box | es. | |
| | | | | ~ | 1 | | PRIVATE |
| • | RECOMMENDATION | | MARK'X' | EPA | STATE | LOCAL | 14,75 |
| A. NO ACTION NEEDED NO | HĄZARD | | X | | | | |
| B. INVESTIGATIVE ACTION(S) | NEEDED (If yes, complete Section III.) | | | | · | | |
| | D (II yes, complete Section IV.) | | | | | | ļ |
| ENFORCEMENT ACTION NE D. be primarily managed by the i is anticipated.) | EDED (if yes, specify in Part E whether to EPA or the State and what type of enforcem | he case will lent action | <u></u> | <u> </u> | | | |
| E. RATIONALE FOR DISPOSIT | ION | | | • | | | |
| of homes and well | l only municipal wastes; no s is unlikely because the s ecause the site has good ver | site is re getative (| emote (n | o nomes | nor we. | lis wit | 11111 |
| F. INDICATE THE ESTIMATED (200., day, & yr.) | D DATE OF FINAL DISPOSITION | G. IF A CAS ESTIMAT (mo., day, | ED DATE C | PMENT PL | AN IS NECE HE PLAN W | SSARY, IN | DICATE TI |
| H. PREPARER INFORMATION | | | | | | | fau A we.1 |
| H. PREPARER INFORMATION | | 2. TELEPHONE NUMBER 3. DATE (mo., day, | | | | | |
| 1. NAME | | 2. 1868 | | | 1 . | | ,, - - ,, . |
| | III. INVESTIGATIVE | 264-157 | 73 | | 11 | 0/7/81 | |

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO. 8. TYPE OF SITE INSPECTION

b. TYPE OF MONITORING

C. TYPE OF SAMPLING

(1)

(2)

(1)

(1)

2. SCHEDULED DATE OF ACTION (mo,day, & yr)

3. TO BE
PERFORMED BY
(EPA, Contractor, State, etc.)

4. ESTIMATED MANHOURS

S. REMARKS

| III. INVESTIGATIV | EACTIVIT | Y NEEDED or | od PART I | B-PROP | OSED INVEST | GATIVE | ACTIVIT | Y (Centinued) | |
|--|------------------------------|---|----------------------------------|--------------------------|------------------------------|--|--|--|--|
| d. TYPE OF LAB ANALYSIS | | | | | | | | | |
| :11 | - | -, - | | + | | | | | |
| (2) | | | | | | • | | | |
| t. OTHER (specify) | | | | | · | | | | |
| | - | | | | - - • | | | | |
| (2) | | | ·•. | `` | | | | | |
| C. ELABORATE ON ANY OF THE INVESTIGATIVE WORK. | INFORMATI | ON PROVIDED | IN PART | 3 (on fron | t & above) AS NE | EDED TO | IDENTIF | YADDITIONAL | |
| • | | | | | | | | | |
| C. ESTIMATED MANHOURS BY AC | | | | | | | ······································ | 2. TOTAL ESTIMATED | |
| 1. ACTION AGENCY | 2 | TOTAL ESTII MANHOURS I INVESTIGAT | FOR . | | 1. ACTION AG | ENCY | | MANHOURS FOR INVESTIGATIVE | |
| | • | ACTIVITI | ES | | | | | ACTIVITIES | |
| A. EPA | | | | b. STA | | | | | |
| t. EFA CONTRACTOR | • | | | d. OTH | ER (specify) | | İ | | |
| | | IV. | REMEDIA | L ACTI | ONS | | | | |
| A. SHORT TERM/EMERGENCY ST | RATEGY (O | n Site & Off-Site | e): Tistel | l emere en | cv actions needs | d to bring : | site under | immediate comrol, e.g., re- | |
| strict access, provide alternate | water supply | , etc. See instr | uctions for | a list of | Key Words for ea | ch of the a | ctions to l | be used in the space below, | |
| 1. ACTION | 2. EST. START DATE | 3. EST. END DATE | ACTION ACEPA, SI | ale, | 5. ESTIMATED | | INDICAT | Y 311 OR OTHER ACTION; FE THE MAGNITUDE OF E WORK REQUIRED | |
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| B. LONG TERM STRATEGY (On 5 See instructions for a list of Ke | ite & Off-Site y Words for e | e): List all lon | g term solu | tions, e.g sed in the | excavation, researces below. | moval, grou | ind water i | monitoring wells, etc. | |
| | . 2. EST. | 3. EST. | 4. | | | | | | |
| 1. ACTION | START DATE (mo,dey,&y | END DATE r) (mo,day,&yr) | ACTION A (EPA, S Private) | 1010 | 5. ESTIMATED | | INDICA | Y 311 OR OTHER ACTION; TE THE MAGNITUDE OF E WORK REQUIRED | |
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| C. ESTIMATED MANHOURS AND | COST BY A | CTION AGENC | Y | | | | -172 | | |
| 2. TOTAL EST. MANHOURS FOR REMEDIAL AGENCY ACTIVITIES | 1 | AL EST. COST FOR AL ACTIVITIES | 1 1. | ACTION | AGENCY | 2. TOTAL MANHOUI REMEI ACTIVI | DIAL | 3. TOTAL EST. COST FOR PEMEDIAL ACTIVITIES | |
| a, EPA | | | · b. st | ATE | | | | | |
| C. PRIVATE PARTIES | | | d. 0 | THER (ap | ●cily) | | | | |